MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035175 STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1133

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	5117		
2	5117		9
3			
4	1		
5	1		
6			
7	1		
8	1		
9	176.0		
10			
11			
12	3-0		
13	1-0		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

FILED SEP 25 1963

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital — Inside Limits Yes ☒ No ☐

Length of stay in 1b: 30 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph, — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3347 Mueller Lane — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ARLINE Middle C. Last LOTZ

4. DATE OF DEATH: Month September Day 19, Year 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: May 23,1899

9. AGE (last birthday): 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY: FourState Elec. Co.

11. BIRTHPLACE (City and state or country): Hutchinson, Kansas

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Correl A. Gleason

13b. MOTHER'S MAIDEN NAME: Emma E. Buxton

14. NAME OF HUSBAND OR WIFE: John U. Lotz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servic

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mr. John U. Lotz-St. Joseph, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Uterus c
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Metastasis to pelvic bone — INTERVAL BETWEEN ONSET AND DEATH: 6 mo??
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/1/63 to 9/19/63 and last saw her him alive on 9/19/63
Death occurred at 9:35 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R.O. Craig, M.D. (Degree or title)

22b. ADDRESS 215 Kirkpatrick Bldg

22c. DATE SIGNED 9/21/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Sept.23, 1963

23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

23d. LOCATION (City, town, or county) St. Joseph, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS Meierhoffer-Fleeman Inc., St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG. Sept.23,1963

26. REGISTRAR'S SIGNATURE Mrs. Clark Randell

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 9-20-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 4679

P. O. Address St Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.